

Aging Division

Wyoming Department of Health

Information and Education Bulletin

Subject: Understanding the Aging Needs Evaluation Summary

Recently we have received several questions on the purpose, intent, and background of the Aging Needs Evaluation Summary. Let me take a few moments to explain.

Client intake requirements were initially established by the Aging Division in 1992. While the form has evolved, it's basic purpose remains the same: to meet federal data gathering mandates, to make informed decisions about clients including determining eligibility, maintaining client information, understanding the client base, evaluating the client's status, assessing the needs for other services, evaluating client risks, determining appropriate interventions, referral to other services, and reassessing/measuring client status on a regular basis to evaluate effectiveness of the programs and interventions.* Reminder – Older Americans Act programs are not an entitlement. They are services that receive a federal subsidy. For any federal subsidy, there must be eligibility established and guidelines, and rules and policies must be adhered to.

The intake process serves as a key stage of the Aging client service progression. Throughout this stage careful, detailed, and thorough work takes place, consequently laying a foundation to make well-informed decisions throughout the service provision process. The quality and consistency of information gathered at this stage directly impacts subsequent intervention. The State Unit on Aging Intake form, called the Aging Needs Evaluation Summary (AGNES), allows the State Unit on Aging to gather the required client data, to determine eligibility, and to properly perform a client needs evaluation/assessment. In a needs assessment, you are determining what the needs and issues are for the client and using that data as a basis for planning and intervention that is evidence based. Evidence based is a repeating theme and dictate in the Older Americans Act. When you assess or evaluate the status of the client, you are able to use that information to make educated decisions that are documented. Take, for instance, the C1 Congregate meal program. The Title III C1 program is meant to be a gateway program to other services. As stated on the attached Administration on Aging's (AoA) Fact Sheet on this program, "In addition to providing nutrition and nutrition-related services, the Elderly Nutrition Program provides an important link to other needed supportive in-home and community-based services such as homemaker-home health aide services, transportation, physical activity programs, and

even home repair and home modification programs.” This can’t occur unless you know the needs of the client. The AGNES is a tool that allows for evaluation assessment of those needs. The fact sheet, which I have attached, goes on to stress the importance of effectively targeting the vulnerable populations, those who live alone, live in poverty, and have ADL issues. These are all mandates dictated by the Older Americans Act. If we don’t gather the data, we can’t prove that we are targeting the persons mandated as such in the law and that those persons are being served. As such, we can’t prove that we are serving the persons targeted for the intervention, the needs of our state, and we put ourselves at risk of losing funding. As you are aware, accountability is a continual focus as it relates to federal funding. Our data gathering efforts provide that accountability.

Every year we are required to submit a State Performance Report (SPR) on the services provided and the clients served. SPR reports also serve as a critical data source for measures of the performance of OAA programs, in compliance with the Government Performance and Results Act (GPRA) of 1993. This report includes (section 207(3)) statistical data and an analysis of information regarding the effectiveness of the State agency in targeting services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low income individuals, and frail individuals (including individuals with any physical or mental functional impairments). After the SPR is submitted, AoA regional staff request verification of the data entered into their tables. AoA compares the data to previous years’ submissions. If the data varies significantly, regional AoA staff request verification and/or justification of the data. AoA uses the Nutrition Services Incentive Program (NSIP) meals counts submitted in the AoA National Aging Program Information System (NAPIS) to determine federal meals allocations in April. AoA reporting requirements provide statistical data for management and advocacy initiatives serving as indicators for new and continued funding of programs for Older Adults. The data collected is used for budget justifications, congressional inquiries, program development and mandated reports for federal, state and local agencies. Information must be accurate for it to be useful in supporting program services. AoA also requires an upload of the clients (uploaded from the SAMS program) whom are served and randomly contacts those clients. For this reason, and to meet the mandates of the Privacy Act of 1974, clients who are served as part of the program sign the information release to allow their data to be released back to the Aging Division, and subsequently, to the Administration on Aging. The Privacy Act states in part: “No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains...” Without the release, you can’t release the client’s information to the Aging Division and the Aging Division can’t release it to the AoA.

The AGNES is performed at least annually and may be required more frequently for specific programs when a status change occurs. The first step, as mandated by the Wyoming Attorney General’s Office and the Wyoming Department of Health’s HIPAA Compliance Officer, is for the

client to sign the Information Release form annually. This release, which can be revoked by the client at any time, is valid for one year and covers all subsequent AGNES' performed during that year. Once the release has expired, you can no longer release that client's information. The client must be provided with a copy of the release so they are aware of their rights (If the client does not want to participate in the program, they can be served with local funds or they can pay privately for the provision of that service, but they cannot be denied services). Without the client's express written permission to do so, their information cannot be released to the Aging Division, or any other organization. Again, as mandated by the Wyoming Attorney General's Office and the Wyoming Department of Health's HIPAA Compliance Officer, this must be the first document signed. The Wyoming Department of Health's HIPAA Compliance Officer has indicated that the AGNES can also be used to allow for release of their information to other providers. The AGNES itself is meant to be a client interview and a prerequisite for services.

The current AGNES forms are designed based on the federally required data, the recommended data collection, and ultimately the information in SAMS. SAMS has some limitations on the design of the AGNES form. Currently, each question is printed on a separate line. The Aging Division is aware of the issues regarding the appearance of the form and that the questions on each line make the AGNES form seem longer than it really is. We are working on streamlining the forms. The current AGNES, and the questions contained therein, was designed with the input of several senior project directors who indicated that they wished for additional questions to be added that would provide for increased decision making capacity – e.g. allergies, diabetic status, heart status and if they have any other applicable health problems. This also assists the provider with proper planning and potential liability issues. Take for instance the impact of serving a client with a severe gluten allergy a meal made with wheat or a wheat bi-product. Some of the questions also serve as a caution/safety measure for staff members who may be entering the home of a client.

A provider may elect to use a more comprehensive AGNES – e.g. a Title III C2 AGNES for a Title III C1 client, however that is not a requirement of the Aging Division. The client is not required to provide a social security number. This number is used to generate a client identifier in the SAMS data system and if the same number is used for each client, the same identifier is generated. It is important that a unique identifier be used in this area. If a client does not know the answer to a question, the interviewer should annotate it as such on the form. Should a client refuse to answer a specific question, leave it blank and annotate the reason for not answering the question. Not Applicable, or N/A, is only annotated on the form when that question truly does not apply to that client. For instance, if the client is single, N/A would be an appropriate answer for a question about their spouse. It is important to gather the data, especially the data required by NAPIS and the data that establishes if the client is part of the "target populations" dictated in the Older Americans Act. Currently, the program specific AGNES is required to be completed in its entirety for that program, and we continually assess

the data gathered and it's applicability. There are AGNES forms for the following programs and they are combined as such: Title III B/D, Title III C1, IIE/CBIHS/C2. If you have a more comprehensive AGNES completed because a client is receiving multiple services, they do not need to complete a less comprehensive AGNES. For example, if a Title III B/C1 client has completed an AGNES for CBIHS, that AGNES can be used for the Title III B/C1 programs. AGNES forms are posted in the SAMS program and may be obtained in SAMS by going to: *reports-assessments-blank consumer assessment* and selecting the appropriate program AGNES form.

The AGNES hierarchy is as follows:

1. The Title III B/D AGNES form has the least amount of data elements. It gathers basic client information. This form is to be utilized if the client is only using Title III B or Title III D services, as no care plan is required for B or D services.
2. The Title III C1 AGNES form has all the questions on the Title III B/D AGNES form and additional questions required for the Title III C1 program, including nutrition risk. This form is to be utilized if the client utilizes Title III C1 services, however if the client utilizes b Title III B/D services in addition to Title III C1, the Title III C1 AGNES form may be used for services in Title III B/D services. There is a care plan required for Title III C1.
3. The IHS/IIE/HDM AGNES form, utilized for the Community Based In Home Services program, the Title III E program, and the Title III C2 program has all the questions on both the Title III B/D AGNES and the Title III C AGNES required by the division and the AOA. These programs do require a care plan. If the client also utilizes services listed in 1 & 2 above this is the form the provider should use, and not the others. This AGNES form is the comprehensive "Mother" form.

*Reminder – You do not have to do a separate AGNES for each program. If the client is receiving CBIHS, Title III C1, and Title III D services, the IHS/IIE/HDM AGNES form is the only AGNES required and is valid for one year from the date that the Information Release Form is signed. This AGNES form may also be shared amongst providers with the client's express written consent.

Data gathering is always challenging, but the AGNES form and the information that it gathers is a key element in the Aging Divisions 9 P's of Client Service:

1. Personal
2. Prevention
3. Protection
4. Priority
5. Providers
6. Policy
7. Process
8. Progress
9. Persistence